Information for patients

Dear Madam, dear Sir,

You have decided to undergo a surgical procedure in which we will provide you general or regional anesthesia after that you will be able to leave our hospital very soon with escort to the home treatment.

At the day of the treatment come, please, fasting and do not smoke since midnight previous day. (Stop eating anything six hours before the operation. It is allowed to drink a tea-cup of water, mineral water, tea and eventualy administer chronic medication – e.g. blood pressure control pills – till three hours before operation.)

The evening before, you may use a sleeping pill. It is recommended to avoid any salicylates (Aspirin) for the period of one week and it is of course recommended to avoid any alcoholic beverages 24 hours before and after the appointment.

Please, do not use any make-up, clean your nails from any nail polish, do not wear contact lenses, teeth prothesis or hearing aids. We also kindly ask you not to bring any removable precious jewels.

Please bring your medical records, referal letter and your chronic medication (if necessary). It is essential for the anesthesiologist to know all your previous diseases, medication, drug use etc. (Please – complete the Questionnaire.)

It is not wise to arrive by car because the medication during anesthesy will disable you to drive! Make sure some-one meets and escorts you home after the treatment, otherwise we would not be able to release you. For the appointment, please come on time to the reception as scheduled.

Zdeněk Brodecký, M.D.
anesthesiologist

QUESTIONNAIRE

Last name .... First Name .... date of b. ....

Address .... tel. ....

Weight (kg) .... Height (cm) ....

What kind of operation are you going to have?

Which operation have you had in the past and which anesthesia was used (local – regional – general)?

Are you aware of any complications during or after the operations(s) – describe them:

Check YES or NO or underline what is appropriate	**YES**	**NO**
1. Are you treated for a heart disease (shortness of breath, chestpain, swelling of the legs, have you had a heart attack, do you have a heart rhythm disorder)?	☐	☐
2. Are you treated for high blood pressure?	☐	☐
3. Do you suffer from astma?	☐	☐
4. Did you have pulmonary tuberculosis, pneumonia?	☐	☐
5. Are you treated for diabetes mellitus (diet, tablets, insulin)?	☐	☐
6. Are you treated for thyroid gland problems?	☐	☐
7. Have you had a treatment for renal disease (infections, nephrolithiasis)?	☐	☐
8. Do you have prostatic problems?	☐	☐
9. Have you had a treatment for hepatic disease (hepatitis, mononucleosis)?	☐	☐
10. Do you have gastric or duodenal ulcer?	☐	☐
11. Do you have a neurological disease (epilepsy, myasthenia, headaches, paralysis of nerves, condition after stroke, borreliosis, operation of spinal discs)?	☐	☐
12. Do you have varicose veins, phlebitis (thrombosis, ambolization)?	☐	☐
13. Have you every used hormonal medications (Prednisone, Triamc., Cortisone)?	☐	☐
14. Are you treated for glaucoma?	☐	☐
15. Are you allergic to something?	☐	☐
16. Have you ever had prolonged bleeding (after a tooth exraction, nosebleeding, after injury)?	☐	☐
17. Haver you ever had treatment in oncology, did you loose weight in last ½ year, did you have radiation treatment?	☐	☐
18. Did anyone from your blood relatives have complications during or after operation (e.g. unexplained death)?	☐	☐
19. Do you have feeling of stiffness around your mouth after drinking coffee?	☐	☐
20. Do you have loose teeth or removable dentures or bridges?	☐	☐
21. Do you smoke, drink alcohol or do you have any other habits (sleeping pills)?	☐	☐
22. Do you have any other untreated problems?	☐	☐
23. Any possibility of pregnancy?	☐	☐
24. What kind of medications are you using at present?	☐	☐

I agree with operation using: local – regional – general – anesthesia as out-patient. I have read and understood all information and advices and I have been instructed about all risks and possible complications. I am able and willing ato respect above mentioned advices.

Date: ………………………….. Patient’s signature: …………………………..